



### Consultation Documentation

(To be completed by those participating in consultation session)

Parent was notified and invited to participate on \_\_\_\_\_ by (method) \_\_\_\_\_

If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on \_\_\_\_\_ by (method) \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Date of Consultation: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Location: \_\_\_\_\_

Consultation is to discuss/coach team members in addressing family/ caregiver's:

- Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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- Successes to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # \_\_\_\_\_

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*IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:*

☐ YES ☐ NO

Participating Team Members/Signatures: (PSP indicated with \*)

Parent/ Guardian: _____	ITDS _____
Face-to-Face _____ Phone _____	Face-to-Face _____ Phone _____
OT _____	PT _____
Face-to-Face _____ Phone _____	Face-to-Face _____ Phone _____
SLP _____	EI _____
Face-to-Face _____ Phone _____	Face-to-Face _____ Phone _____
Service Coordinator: _____	Other _____
Face-to-Face _____ Phone _____	Face-to-Face _____ Phone _____

Copy to: Family/ Guardian  
Early Steps Service Coordinator within 5 business days  
Team Providers (whether present or not)

Revised Apr 2012

Consultation Documentation, Continued

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date of Consultation: \_\_\_\_\_

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- Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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- Successes to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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The **team** (*family, caregivers, primary service provider and supporting providers*) will continue or modify the following strategies to achieve goals for Outcome # \_\_\_\_\_

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- Challenges to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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- Successes to implementing strategies and achieving goals for Outcome # \_\_\_\_\_

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The **team** (*family, caregivers, primary service provider and supporting providers*) will continue or modify the following strategies to achieve goals for Outcome # \_\_\_\_\_

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## CONSULTATION DOCUMENTATION FORM INSTRUCTIONS

This form serves two primary purposes:

- Statewide uniform documentation of Consultation services paid for by contract funds
- Statewide uniform billing documentation for providers participating in Consultation

Each team member must have a form completed for each Consultation in which they participate. During consultation sessions, the members participating should appoint a recorder to LEGIBLY complete the form from *Child's Name* to *IFSP Team Meeting Yes No*. Copies should then be made for each participant and the family. The original goes to the Service Coordinator to place in the child's file. Consultation is ~~typically~~ between direct service providers on the child's IFSP team the Primary Service Provider and other team members. Each enrolled Early Steps provider can bill for Consultation using the form as invoice documentation. Although they may participate in the consultation, professionals and providers who are not enrolled would not be able to bill. If any team provider did not participate in the Consultation session, a copy should be provided to them so they can be informed.

### Field Entry Guidance:

**Child's Name:** Full name of child

**DOB:** Date of birth of child

**Service Coordinator:** Name

**Date of Consultation:** MM/DD/YYYY

**Start Time:** Beginning time of consultation session

**End Time:** End time of consultation session

**Location:** This is the location where the meeting was scheduled to be. If face-to-face, enter the location as i.e. Home, Local Early Steps, Playpen Therapy; if scheduled to be by phone, enter the location as Phone.

**Challenges and Successes to implementing strategies and achieving goals:** Narrative of the discussion, by individual outcome.

**The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals:** Narrative of the recommendation(s) resulting from the consultation, by individual outcome.

**PSP:** Name and credentials of the current Primary Service Provider

**Consulting Team Members:** List all members participating in the consultation and check Face-to-Face or Phone and obtain signatures of those present.

**Family Participation:** The name(s) of the family member(s) and check Phone, Face-to-Face or Declined Invitation

### ALL THE ABOVE FIELDS SHOULD BE IDENTICAL FOR ALL PARTICIPANTS' FORMS

When each provider receives their copy of the completed form, they will complete the remaining fields before billing.

**Provider/Participant Name (Print):** LEGIBLE name of provider/participant      **Signature:** Provider/Participant signature

*(Each participant should find their designation and sign, if face-to-face. Provider signature lines should include the code signifying if participation was Face-to-Face or Phone)*

<u>Provider</u>	<u>Face-to-Face</u>	or	<u>Phone</u>
OT	CONOF		CONOP
PT	CONPF		CONPP
SLP	CONSF		CONSP
ITDS or OTHER EI PROVIDER	CONIF		CONIP

Consultation time must be authorized on the Individualized Family Support Plan (IFSP). All consultation should be authorized as Face-to-Face for purposes of entering it in the Early Steps Data System. *(moved from below)*

Billing is based on the scheduled location of the Consultation session. If the meeting is scheduled at the family's home and some of the participants are at the home and others are participating by phone, those participating by phone must bill the Phone code. Those participating at the home bill the Face-to-Face code.

If the Consultation session is scheduled as a phone conference, then everyone participating must bill Phone codes, even if some participants are face-to-face.

~~Consultation time must be authorized on the Individualized Family Support Plan (IFSP). Consultation should all be authorized as Face-to-Face for purposes of entering it in the Early Steps Data System, Family Support Plan Service Authorization (FSPSA) component. It can be billed as either Face-to-Face or Phone when entered in the data system as an intervention.~~